Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN370AGC	A. BUILDING _____ B. WING _____	03/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA PLACE RETIREMENT COMMUNITY	1111 W COLLEGE PKWY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 3/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 76 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 61. 15 resident files were reviewed and 12 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified: Complaint #NV 00024505 was not substanitated	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: Valiente, Vincent Based on observation, interview and record review on 3/16/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. Incorrect sanitizer test kit was being used to monitor dishwasher sanitizer concentration. 2. Cleaning and Sanitation Issues: a. The kitchen slicer was soiled with food debris. 3. Equipment and Maintenance Issues: a. The gaskets to the walk-in refrigerator and both reach-in refrigerator and freezer were damaged. Severity 1 Scope: 3	Y 255		
Y 430 SS=D	449.229(1) Protection from Fire	Y 430		

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Y 430	Continued From page 2 NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Based on observation during a facility tour on 3/16/10, the facility failed to ensure that fire rated doors were not held open by door stops (first floor staff break room, assisted living director's office and administration offices). Severity: 2 Scope: 1	Y 430		
Y1001 SS=D	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.	Y1001		

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Y1001	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 3/16/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 1 of 12 employees (Employee #10). Severity: 2 Scope: 1	Y1001		